



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS & ENERGY
DIVISION OF MINERAL MINING
P.O. BOX 3727
CHARLOTTESVILLE, VIRGINIA 22903
(434) 951-6310

PERMIT/LICENSE APPLICATION

APPLICATION TYPE:

☐ NEW MINE
☐ CHANGE OF OWNERSHIP

FOR OFFICE USE ONLY

PERMIT NO. _____
RECEIPT NO. _____
DATE ISSUED: _____

OWNERSHIP INFORMATION

1. Name of Applicant _____

2. Office Telephone Number () _____

3. Mailing Address _____

Mine is located _____ of _____
_____ miles _____ direction _____ town
on Public Road No. _____ in _____ County

4. Type of Organization:

- () Sole Proprietorship - Complete questions A,B,C,D,E,F,G,I
() Corporation - Complete questions A,B,C,D,E,F,G,J,K,L,M,N
() Partnership - Complete questions A,B,C,D,E,F,G,H,I
() Other - Complete questions A,B,C,D,E,F,G,H,J

Specify: _____

(A) Name and address of the Mine _____

(B) MSHA ID number of the Mine _____

(C) Person with overall responsibility for operating decisions at the mine:

Name/Title _____
Address _____
Phone _____

(D) Person to be contacted in the event of an accident or emergency:

Name	Address	Telephone
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(E) Person with overall responsibility for health and safety at the mine:

Name	Address	Telephone
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(F) Person responsible for business operation of the mine:

Name	Address	Telephone
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(G) Federal Tax ID Number of Applicant _____

(H) List all individuals having any ownership interest in the organization.

Name/Title

Address

Telephone

(I) Trade name, address and telephone number for sole proprietors/partnerships:

(J) Principal organization officials, corporate officers, directors and members:

Name/Title

Address

Telephone

(K) Corporation name, address and telephone number if different than applicant:

(L) State of Incorporation _____

(M) Registered Agent:

Name

Address

Telephone

(N) If a subsidiary, provide:

Parent Organization Name: _____

Address _____

Telephone _____ State of Incorporation _____

5. Name, address and telephone number of person(s) authorized to sign permit/license documents:

Name

Address

Telephone

6. (a) Have any of the above listed persons or companies owned, in whole or in part, by said persons, had a mining permit issued by Virginia or any other state revoked? () Yes () No

(b) If yes, give a brief statement of action.

7. Have any of the persons listed above been convicted of violating any of the following sections: 45.1-161.292:33, 45.1-161.177, 45.1-161.178, and 45.1-161.233 as related to smoking in underground coal mines or tampering with methane detection equipment in underground coal mines?

() Yes () No

If yes, give name of person convicted _____

OPERATIONS INFORMATION

8. Latitude _____ Longitude _____

9. Mineral to be mined _____ Estimated annual production (in tons) _____

10. Type of Mine: () Open Pit () Quarry () Underground () Dredge

() Dragline () Other (specify) _____

11. List any other mining permits or MSHA Federal Identification Numbers issued to the applicant, members of the organization, or any person having 20% or greater ownership interest in the organization.

Issuing Authority	Permit No./Identification No.	Status
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Will explosive storage and blasting be required? () Yes () No

13. Number of employees each shift 1 _____ 2 _____ 3 _____

14. Distance in feet to nearest inhabited building _____

15. Does the applicant have the personnel and facilities to provide safety training to its employees?
() Yes () No

16. List any person with an ownership or leasehold interest in the surface land or minerals to be mined.

	<u>NAME</u>	<u>ADDRESS</u>
Surface	_____	_____
Surface	_____	_____
Mineral	_____	_____
Mineral	_____	_____

17. Specify source of applicant's legal right to enter and conduct mining operations on land covered by the permit:

Provide deed book number, page number, parties to the deed or lease, date of execution **OR** provide a copy of the deed or lease.

18. Please provide the following information for any contractors who will be working on the mine site (attach additional sheets as necessary).

Contractor's Trade Name _____

Business Address _____

Business Telephone _____ **MSHA Identification Number** _____

Address of Record _____

Service to be Provided _____

Where at the Mine Will the Work be Provided _____

Persons with responsibility for operating decisions:

Name	Address
_____	_____
_____	_____

Persons with responsibility for the health and safety of employees:

Name	Address
_____	_____
_____	_____

19. List rivers, streams, tributaries or water impoundments on or adjacent to permitted property.

NAME OF WATERWAY**Ph ADJACENT
TO THE MINE****TRIBUTARY TO**

_____	_____	_____	-
_____	_____	_____	-

20. Specify how mine discharge and storm runoff water will be handled to minimize impact on any water courses. (Detail drainage plan attached): _____

21. Specify any chemicals or hazardous materials which will be used on the mine site and methods to be employed to prevent contamination of land and water resources on or adjoining permitted property.

OPERATION/RECLAMATION PLANS

22. Specify the materials which will be generated by mining operations and the plans for handling and disposal during operations and reclamation.

TYPE OF MATERIAL**DISPOSAL METHOD**

Overburden

Spoil/Waste Minerals

Scrap Metal

Scrap Tires

Used Oil and Lubricants

Trash and Debris

Hazardous Material

Buildings/Structures

PLANS: OPERATION/RECLAMATION/DRAINAGE PLAN

23. Describe in detail the method of mining, procedures for handling drainage, regrading, and vegetation during active mining and upon completion (attach narrative).

CERTIFICATION/SIGNATURE

I, _____, having been duly sworn do state that all their presentations contained in the foregoing application are true to the best of my knowledge; and that I am (an executive officer), (a general partner), (the sole proprietor), (a legal representative), of the applicant, duly authorized to make this application on its behalf.

On behalf of the applicant, I hereby authorize the Virginia Division of Mineral Mining to conduct such safety/reclamation inspections as it may deem necessary or as may be required by law on this mining operation.

Name Title
subscribed and sworn to, this _____ day of _____, _____